

3. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30074**

FILED OCT 1 1948

Registration District No. **150**

Primary Registration District No. **5573**

Registrar's No. **172**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence - Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **10 mi East -**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **82 yrs** (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME

Joseph E. Porter
3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

4. Sex **FM** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Silva** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **April 23 - 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **18** If less than one day hr. min.

9. Birthplace **Blue Springs Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired House wife**

11. Industry or business **Retired House wife**

12. Name **Albert Williams**

13. Birthplace **Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Amanda Gibson**

15. Birthplace **Jackson Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roger Porter**

(b) Address **Blue Springs Mo**

17. (a) **Buried** (b) Date thereof **9-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Springs Mo**

18. (a) Signature of funeral director **Mo go with son**

(b) Address **Blue Springs Mo**

19. (a) **SEPT. 14, 1948** (b) **Paul C. Emmons**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Independence - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 mi East**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **10**
year **48** hour **4** minute **30 P** M.

21. I hereby certify that I attended the deceased from **2-18**
1946, to **9-10**, 19**48**
that I last saw her alive on **9-10**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive**
cardiovascular disease Duration **10 yrs.**

Due to **Cerebral Hemorrhage** **2 yrs.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **932**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Paul C. Emmons** (M. D. or other)

Address **Blue Springs Mo** Date signed **9-11-48**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *R. Burck*.....
Licensed Embalmer No. *2353*.....
P. O. Address..... *Blue Springs Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.